

## UNITED STATES DISTRICT COURT

for the

Eastern District of Texas

Governor Greg Abbott, in his official capacity as  
Governor of the State of Texas,*Plaintiff(s)*

v.

Joseph R. Biden, in his official capacity as President  
of the United States; Department of Defense; Lloyd  
Austin, in his official capacity as Secretary of the  
Defense; Department of the Air Force; et al.,*Defendant(s)*

Civil Action No. 6:22-cv-3

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Department of the Air Force  
c/o Frank Kendall III, Secretary of the Air Force  
1670 Air Force Pentagon  
Washington, DC 20330-1670

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

CHRISTOPHER D. HILTON  
Deputy Division Chief  
General Litigation Division  
P.O. Box 12548, Capitol Station  
Austin, Texas 78711-2548

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: **1/6/22**

CLERK OF COURT

David A. O'Poole

Signature of Clerk or Deputy Clerk

Civil Action No. 6:22-cv-3

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Department of the Air Force  
 was received by me on *(date)* January 6, 2022 .

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

☐ I returned the summons unexecuted because \_\_\_\_\_ ; or

☒ Other *(specify)*:

On January 7, 2022, I served this summons and the Plaintiff's Original Complaint (with Exhibits), via Certified Mail, Return Receipt Requested - 70201290000074415565 – Delivered 1/14/22 .

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: February 7, 2022

/s/ *Christopher D. Hilton*

*Server's signature*

Christopher D. Hilton, Deputy Chief, General Litigation Division

*Printed name and title*

Office of the Attorney General  
 PO Box 12548, Capitol Station  
 Austin, Texas 78711-2548

*Server's address*

Additional information regarding attempted service, etc:

Please see attached certified mail receipt, return receipt, and USPS tracking documentation.


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<p>Certified Mail Fee \$ _____</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ _____</p> <p><b>Total</b> \$ _____</p> <p><b>Sen</b> 1670 AIR FORCE PENTAGON</p> <p><b>Stre</b> WASHINGTON DC 20330-1670</p> <p><b>City</b> _____</p>	<p>Postmark Here</p>
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PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>DEPARTMENT OF THE AIR FORCE  C/O FRANK KENDALL III  1670 AIR FORCE PENTAGON  WASHINGTON DC 20330-1670</p> <div style="text-align: center;">   9590 9402 6326 0296 5410 77 </div> <p>2. Article Number (Transfer from service label)  7020 1290 0000 7441 5565</p>	<p>A. Signature _____ <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </td> <td style="vertical-align: top;"> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table>	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
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PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

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